

Patient-Centered Medical Home Advisory Council
Meeting Minutes
December 21, 2011

Members present- **Dr. Deborah Agnew**, Billings Clinic Pediatrician; **Paula Block**, CHC-Montana Primary Care Association; **Dr. Doug Carr**, Billings Clinic; **Dr. Paul Cook**, Rocky Mountain Health Network; **Kristina Davis**, Children's Defense Fund; **Dr. Janice Gomersall**, Montana Academy of Family Physicians; **Dr. Jonathan Griffin**, St. Peter's Medical Group; **John Hoffland**, DPHHS Medicaid, Passport to Health; **Dr. Jay Larson**, Independent Provider; **Todd Lovshin**, Allegiance Life and Health Company; **Kirsten Mailloux**, EBMS; **Bob Olson**, MHA; **Dr. Fred Olson**, BCBS MT; **Bill Pfingsten**, Bozeman Deaconess Health Group; **Bernadette Roy**, CHC-Partnership Health Center; **Loren Schrag**, HealthShare Montana; **Dr. Bob Shepard**, New West Health Services; **Cindy Stergar**, CHC-Butte Silver Bow Primary Care Clinic; **Marlin Sander for Rick Yearry**, Regional Extension Center; JP Pujol, New West Health Services; Bob Marsalli, MT Primary Care Association; Will Robinson, NCQA;

Members absent- **Kristin Juliar**, Montana Office of Rural Health; **Carol Kelley**, Bozeman Deaconess Internal Medicine Associates; **Dr. Tom Roberts**, Western Montana Clinic; **Dr. Jerry Speer**, Benefis Health System; **Dr. Rob Stenger**, Grant Creek Family Practice, St. Patrick's Hospital; **Claudia Stephens**, Montana Migrant and Seasonal Farm Worker Council; **Lisa Wilson**, Parents, Let's Unite for Kids-PLUK

Chairman Dr. Shepard called the meeting to order at 1:07 PM.

1. Roll call and approval of minutes from last meeting
Members on the phone made the motion to approve the minutes and seconded the motion. The council accepted the previous meeting's minutes unanimously.
2. Discussion on establishing in-person meetings
Many members agreed that in-person members are better and Dr. Shepard proposed designating one meeting per month as an in-person meeting. Another member suggested once a quarter would be more realistic. Members would not be required to attend in-person, but would be strongly encouraged. The call-in option would always be available.
3. Recommendation to Monica on alternate members
Dr. Shepard proposed the council make a [recommendation](#) to Commissioner Lindeen that she approves the use of alternates for specific members. Rick Yearry, Kirsten Mailoux, and Bob Olson requested the use of alternates. Dr. Shepard clarified that the meeting attendance requirements would remain the same and if a member could not attend but their alternate attended for them, it would count toward their attendance requirement. Cindy Stergar moved to accept the policy as presented and Todd Lovshin seconded the motion. The council voted unanimously to accept the recommendation. Dr. Shepard signed the recommendation and will submit it to Commissioner Lindeen. Marlin Sander is Rick Yearry's designate alternate, Cori

Cook is Kirsten Mailoux's designated alternate, and Casey Blumenthal is Bob Olson's designated alternate.

4. Reports from subcommittees and submission for acceptance of final documents

a. Quality Metrics

At the last meeting the subcommittee agreed that the full quality metrics set would be too much for practices to attempt to incorporate at one time and that a subset should be developed in discussion with a technology vender and primary care providers. The group proposed to use the large set of metrics as the universe of options for selection of the initial set. Providers agreed on the importance of starting small and then gradually adding more measures over time as EMR functionality increases. A provider suggested focusing on the measures that change outcomes and can function well in an EMR first. The REC recommended that providers start working with their vendors to format text in EMR's in a readable structure that complies with the federal government requirements for reporting that will go into effect in 2 years.

Dr. Shepard proposed the council accept the metric set as presented, with the condition that a smaller set will be identified from within the universe of options that allows for a more realistic starting point. Providers and payers will agree on the initial set at a later time. A technology platform should set up with the full set of metrics at the beginning and then providers and payers will have to discuss which metrics will initially be populated. The expansive set of metrics are important as a strategic map for developing uniform processes for documentation as PCMHs adopt EHRs. The council will be reviewing the set of metrics with HSM/Docsite to determine how they will capture each code, how each calculation will be done, how the data will come out of the EMR, and other technical details. **Cindy Stergar made a motion to accept the metrics as presented by the subcommittee and recommend them to the Commissioner, Dr. Olson seconded, and the council voted unanimously. Another member made a motion that a smaller set of metrics from within the universe be developed for initial measurement. Dr. Olson seconded the motion and the council approved it unanimously.**

Dr. Shepard will submit the formal recommendation of the quality metrics set to Commissioner Lindeen. CSI staff will send out a notice to the list serve about reconstituting the QM subcommittee.

b. Framework for Payment

Dr. Carr summarized the meaning of each section of the finalized framework for payment document. The subcommittee decided that the framework for payment document would be an adequate guideline for payers and providers in drafting their PCMH contracts. **Cindy Stergar made a motion that the council accept the framework for payment document and recommend it to the commissioner. Bob Olson seconded**

the motion and the council voted to accept it unanimously. Dr. Shepard will submit the formal recommendation of the framework for payment document to Commissioner Lindeen.

5. Discussion of survey results and needs for provider education

The Council reviewed survey summary documents. Results showed many people didn't know much about PCMH, and that providers who have practiced medicine longer seem to be more in favor of PCMH and how much it could help the delivery of medicine. NCQA representative Will Robinson said they have staff to facilitate education for states who have selected a designated NCQA PCMH program. **Dr. Shepard and CSI staff will draft an outline for educational webinars based on the survey results and propose it to council members for discussion at a future meeting in consultation with Mr. Robinson.** The council will focus on the provider training first before community educational outreach.

6. Discussion of updated work plan

The governor declined to use executive authority to set up a PCMH pilot program so the section referring to that recommendation was removed from the work plan. CSI staff only made a few other minor edits to the document. Cindy Stergar recommended adopting the document so it could be an official document of the council for members to refer to colleagues. Others on the Council proposed holding off on adopting it until the January meeting so that members have a chance to review a final version after staff makes a few additional changes to the timeline.

7. No additional agenda items

8. Set next meetings

- a. January 11th – A main focus of this meeting will be to discuss initial questions about legislation asked by CSI staff to facilitate drafting of a bill.
- b. January 25th
- c. February 8th – This will be the first designated in-person meeting in Helena from 11 AM – 3 PM, in the CSI conference room in Helena. Members are not required to attend in-person, but are assured that others will be making the effort. The call-in option will still be available. This meeting will be longer and likely include a substantial discussion on legislation.
- d. February 22nd
- e. March 7th
- f. March 21st

Adjournment at 2:25 PM